

**Recipient Information****1. Recipient Name**

ALTAMED HEALTH SERVICES CORPORATION  
2040 Camfield Avenue  
Los Angeles, CA 90040-1502  
[NO DATA]

**2. Congressional District of Recipient**

40

**3. Payment System Identifier (ID)**

[REDACTED]

**4. Employer Identification Number (EIN)**

[REDACTED]

**5. Data Universal Numbering System (DUNS)**

[REDACTED]

**6. Recipient's Unique Entity Identifier (UEI)**

[REDACTED]

**7. Project Director or Principal Investigator**

Mrs. Marcy Kaplan  
Director of HIV Services  
MKAPLAN@ALTAMED.ORG  
2135026158

**8. Authorized Official**

Mr. Paul Tropea  
Director of Grants, Finance & Analysis  
ptropea@AltaMed.org  
3238897352

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Ms. Chamarla Brame  
Grants Management Specialist  
qpv3@cdc.gov  
404.498.4134

**10. Program Official Contact Information**

Nasima Marguerite Camp  
Program Officer  
yul9@cdc.gov  
404-639-8246

**30. Remarks****Federal Award Information****11. Award Number**

6 NU62PS924690-04-02

**12. Unique Federal Award Identification Number (FAIN)**

NU62PS924690

**13. Statutory Authority**

Sections 301 and 318 of the PHS Act [42 U.S.C. 241 and 247(c)], as amended

**14. Federal Award Project Title**

Comprehensive High-Impact HIV Prevention Programs for Community-Based Organizations

**15. Assistance Listing Number**

93.939

**16. Assistance Listing Program Title**

HIV Prevention Activities\_Non-Governmental Organization Based

**17. Award Action Type**

NGA Revision

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information****19. Budget Period Start Date** 07/01/2024 - **End Date** 06/30/2025**20. Total Amount of Federal Funds Obligated by this Action**

\$0.00

20a. Direct Cost Amount

\$0.00

20b. Indirect Cost Amount

\$0.00

**21. Authorized Carryover**

\$0.00

**22. Offset**

\$0.00

**23. Total Amount of Federal Funds Obligated this budget period**

\$441,625.00

**24. Total Approved Cost Sharing or Matching, where applicable**

\$0.00

**25. Total Federal and Non-Federal Approved this Budget Period**

\$441,625.00

**26. Period of Performance Start Date** 07/01/2021 - **End Date** 06/30/2026**27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance**

\$1,766,500.00

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Ms. Stephanie Latham

Team Lead, Grants Management Officer



Centers for Disease Control and Prevention

Award# 6 NU62PS924690-04-02

FAIN# NU62PS924690

Federal Award Date: 02/11/2025

**Recipient Information****Recipient Name**

ALTAMED HEALTH SERVICES CORPORATION  
2040 Camfield Avenue  
Los Angeles, CA 90040-1502  
[NO DATA]

**Congressional District of Recipient**

40

**Payment Account Number and Type**

[REDACTED]

**Employer Identification Number (EIN) Data**

[REDACTED]

**Universal Numbering System (DUNS)**

[REDACTED]

**Recipient's Unique Entity Identifier (UEI)**

[REDACTED]

**31. Assistance Type**

Cooperative Agreement

**32. Type of Award**

Other

**33. Approved Budget**

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$238,578.00
b. Fringe Benefits	\$64,416.00
c. Total Personnel Costs	\$302,994.00
d. Equipment	\$0.00
e. Supplies	\$11,051.00
f. Travel	\$2,901.00
g. Construction	\$0.00
h. Other	\$39,203.00
i. Contractual	\$0.00
j. TOTAL DIRECT COSTS	\$356,149.00
k. INDIRECT COSTS	\$85,476.00
l. TOTAL APPROVED BUDGET	\$441,625.00
m. Federal Share	\$441,625.00
n. Non-Federal Share	\$0.00

**34. Accounting Classification Codes**

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-92102PG	21NU62PS924690	PS	41.51	93.939	\$0.00	75-21-0950
2-92102PG	21NU62PS924690	PS	41.51	93.939	\$0.00	75-22-0950
3-92102PG	21NU62PS924690	PS	41.51	93.939	\$0.00	75-23-0950
4-92102PG	21NU62PS924690	PS	41.51	93.939	\$0.00	75-24-0950



Centers for Disease Control and Prevention

Award# 6 NU62PS924690-04-02

FAIN# NU62PS924690

Federal Award Date: 02/11/2025

**Direct Assistance**

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

## **AWARD ATTACHMENTS**

ALTAMED HEALTH SERVICES CORPORATION

6 NU62PS924690-04-02

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1. Terms and Conditions

**TERMS AND CONDITIONS OF AWARD**

In compliance with the Temporary Restraining Order issued on January 31, 2025, in the United States District Court in the District of Rhode Island, the purpose of this amendment is to **rescind** the **Termination Notice of Award** issued January 31, 2025.

All the other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.